		5-16	حرب	Express Harr	Mailing 1	aber no	. EL737886049U		
OIPE		PART B	- FEE(S)	<b>FRANSMITTAL</b>			_		
Complete and send	omplete and send(this form, together with applicable fee(s), to: Mail					Mail Stop ISSUE FEE Commissioner for Patents			
MAY 1 3 2005			P.O. Box 145	P.O. Box 1450					
A CONTRACTOR OF THE PARTY OF TH	:/	ax (703) 746-400	Alexandria, Virginia 22313-1450 (703) 746-4000						
INSTACTIONS: This for appropriate Allegather corrindicated unless defected by maintenance fee notification	m should be used for trans respondence including the le below or directed otherwise	smitting the ISSUI atent, advance ord in Block 1, by (a)	E FEE and P lers and notifi specifying a	UBLICATION FEE (if ication of maintenance for new correspondence add	required). Blocks les will be mailed ress; and/or (b) in	to the current dicating a sepa	hould be completed wher correspondence address a arate "FEE ADDRESS" fo		
CURRENT CORRESPONDENCE	Fee(s) Transmitta	Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, must							
51414 75	90 03/31/2005			have its own certi	ficate of mailing or	transmission.			
PATENT ADMINI 53 STATE PLACE				I hereby certify the States Postal Servaddressed to the transmitted to the	Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the Unite States Postal Service with sufficient postage for first class mail in an envelop addressed to the Mail Stop ISSUE FEE address above, or being facsimil transmitted to the USPTO (703) 746-4000, on the date indicated below.				
EXCHANGE PLAGE BOSTON, MA 021	00 2001				00110 (103) 110		(Depositor's name		
127/2005 SFELEKE2 00000	0011-10658517						(Signature		
FC:1501 FC:1504	1400.00 GP 300.00 GP		<u>:</u>				(Date		
APPLICATION NO.	FILING DATE	F	FIRST NAMED	INVENTOR	ATTORNEY	DOCKET NO.	CONFIRMATION NO.		
10/658,517	09/09/2003	7	Nandakumar V	'aidyanathan	PTK-2	24DVI	1787		
APPLN. TYPE nonprovisional	APPLN. TYPE SMALL ENTITY nonprovisional NO  EXAMINER  LANGDON, EVAN H		EE	PUBLICATION FEE \$300		700	06/30/2005		
FXAN			ART UNIT C		$\neg$				
LANGDON					226-024000				
1. Change of correspondence	e address or indication of "Fo	ee Address" (37	2. For print	ing on the patent front pa	ge, list				
Change of correspond	CFR 1.363).  Change of correspondence address (or Change of Correspondence)			nes of up to 3 registered oR, alternatively,	registered patent attorneys ly, Goodwin Procter, LL				
Address form PTO/SB/12  "Fee Address" indicat PTO/SB/47; Rev 03-02 of Number is required.	ation form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to							
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON T							
					ssionee is identifie	ed below, the	document has been filed f		
PLEASE NOTE: Unless recordation as set forth in	37 CFR 3.11. Completion	of this form is NOI	Γ a substitute f	or filing an assignment.	soignee is identifica				
PLEASE NOTE: Unless recordation as set forth in  (A) NAME OF ASSIGN			) RESIDENC	E: (CITY and STATE OF					
¥2	EE		•	E: (CITY and STATE OF					
(A) NAME OF ASSIGN	EE Inc.	(В	) RESIDENCI Hudson	E: (CITY and STATE OF	COUNTRY)				
Presstek,  Please check the appropriate	EE Inc. assignee category or catego	(B ories (will not be pri	) RESIDENCI Hudson	E: (CITY and STATE OF a, NH atent):	COUNTRY)		roup entity		
Please check the appropriate  4a. The following fee(s) are  Issue Fee	EE Inc.  assignee category or catego enciosed:	(B ories (will not be pri 4b X	Hudson inted on the pa	E: (CITY and STATE OF n, NH atent): Individual X  Fee(s): In the amount of the fee(s)	COUNTRY)  **Corporation or				
Please check the appropriate  4a. The following fee(s) are  XX Issue Fee  XX Publication Fee (No s	EE Inc.  assignee category or categorenciosed:  mall entity discount permitte	(Bories (will not be pri 4b X	Hudson inted on the pa . Payment of I A check i	E: (CITY and STATE OF n., NH atent): Individual X Fee(s): In the amount of the fee(s) by credit card. Form PTO	COUNTRY)  **Corporation or	other private g	roup entity Governmen		
Please check the appropriate  4a. The following fee(s) are	EE Inc.  assignee category or categorenciosed:  mall entity discount permitte	(Bories (will not be pri 4b X	Hudson inted on the pa . Payment of I A check i	E: (CITY and STATE OF n., NH atent): Individual X Fee(s): In the amount of the fee(s) by credit card. Form PTO	COUNTRY)  **Corporation or	other private g	roup entity Governmen		
Please check the appropriate  4a. The following fee(s) are  1 Issue Fee  Advance Order - # of  5. Change in Entity Status	EE Inc.  assignee category or categorenciosed:  mall entity discount permitter f Copies	ories (will not be pri 4b X ed)	Hudson Hudson inted on the pa Payment of I A check in Payment I The Direct Deposit Accord	E: (CITY and STATE OF n., NH atent): Individual X Fee(s): In the amount of the fee(s) by credit card. Form PTO	ECOUNTRY)  SKCorporation or or is enclosed.  -2038 is attached. by charge the required (en	other private gruined fee(s), or close an extra-	roup entity Government Government, credit any overpayment, copy of this form).		

Authorized Signature Typed or printed name

borodov, Esq. Mark L

Registration No.

his collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and abmitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete his form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Express Mailing Label No. EL737886049US

						ing East No. BE70700001901				
01,50			Application Serial Number			10/658,517				
(g)			Filing Date			September 9, 2003				
MAY 1 3 SOUR			First Named Inventor			Vaidyanathan				
TRANSMITTAL FORM			Group Art Unit			3654				
			Examiner Name			Langdon, Evan H.				
			Attorney Docket No.		1	PTK-224DV1				
			Patent No.	•		Not applicable				
			Issue Date		+	Not applicable				
ENCLOSURES (check all that apply)										
☐ Fee	Transmittal Form			to File Missing		Notice of Appeal to Board				
		_	Parts of Applic			of Patent Appeals and Interferences				
	☐ Check Attached☐ Copy of Fee Transmittal Form		Formal Drawin	ng(s)		Appeal Brief (in triplicate)				
	Amendment/Response		Request For Continued Examination (RCE)			Status Inquiry				
	☐ Preliminary ☐ After Final ☐ Affidavits/declaration(s)		Transmittal  Power of Attor	nev	×	Return Receipt Postcard				
	Letter to Official Draftsperson					Certificate of First Class Mailing under 37 C.F.R. 1.8				
	including Drawings [Total Sheets]		Terminal Disc	aimer		Certificate of Facsimile Transmission under 37 C.F.R. 1.8				
	Petition for Extension of Time	—	of Attorney for	aration and Power Utility or Design	$\boxtimes$	Additional Enclosure(s) (please identify below)				
_	☐ Information Disclosure Statement ☐ Form PTO-1449		Patent Application  Small Entity Statement			(i) PTOL-85 Fee Transmittal Form				
l L					(	ii) Copy of PTOL-85 Fee Transmittal Form				
֓֞֞֞֞֞֞֞֞֞֞֞֜֞֓֓֞֓֞֞֞֜֞֓֞֓֞֞֞֞֓֞֓֞֓֞֞֞֜֞	Copies of IDS Citations		CD(s) for large table or computer program		1	(iii) Check in the amount of \$1,700				
	Certified Copy of Priority		Amendment After Allowance							
	Document(s)	Request for Co		ertificate of						
	Sequence Listing submission		Correction							
☐ Paper Copy/CD☐ Computer Readable Copy			Certificate of Correction (in duplicate)							
	Statement verifying identity of above									
CORRESPONDENCE ADDRESS				SIGNATURE BLO	OCK					
				SIGNATURE DEC	JCI	Respectfully submitted,				
Direct all correspondence to:  Patent Administrator Goodwin Procter LLP Exchange Place Boston, MA 02109 Tel. No.: (617) 570-1000 Fax No.: (617) 523-1231 Customer No. 051414			000 231	Date: May 13, 2005 Reg. No. 50,773 Tel. No.: (617) 570- Fax No.: (617) 523-	Mark L. Belongrodov 0-1352 Attorney for Applicants					

VER 12/00